

FILED JAN 5 1945 **318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003** Registrar's No. **11026**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis**  
(c) Name of hospital or institution:  
**Missouri Baptist**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 Days**  
In this community **10 yr**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2520 Warren St.** **201**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **CHARLES SAWADES**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Wid**  
6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **7-6-1860**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**84** **5** **19** \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Unknown**

12. Name **Unknown**

13. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. James Curtis**

(b) Address **3540 Connecticut - St. Louis**

17. (a) **Burial** (b) Date thereof **12-27-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Charles Mo**

18. (a) Signature of funeral director **Hackman - Baie Funeral Home**

(b) Address **St. Charles Mo**

19. (a) **DEC 26 1944** (b) **J. T. Bredel**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **25** 44  
year hour **2.05** minute **A** M.  
21. I hereby certify that I attended the deceased from  
**Dec. 15** 1944, to **Dec. 25** 1944;  
that I last saw him alive on **Dec. 23** 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Acute Cardiac Dilatation**  
**Anasarca** **2 w**  
Due to **Chronic Myocarditis**  
Due to **Senile myocardial changes**  
Other conditions (Include pregnancy within 3 months of death)  
**None**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **?**  
23. Signature **Fred R. Mung** (M. D. \_\_\_\_\_)  
Address **2249 St. Louis ave** Date signed **Dec. 25** 44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Ronald Yahnke

Licensed Embalmer No. 3917

P. O. Address St. Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**